



Application for Absentee Ballot

Please type or use black or blue pen only and print clearly. Application due by noon the day before Election Day. Fields marked with an asterisk (*) are required fields.

APPLICANT IDENTIFYING AND CONTACT INFORMATION

Last Name* First Name* Middle Name

Birthdate* (MM/DD/YYYY) Phone Number Email Address

County where you reside and are registered to vote* Montana Residence Address* City* Zip Code*

Mailing Address *required if differs from residence address** City and State Zip Code

Check if the mailing address listed above is for part of the year only and if so, complete the information below (for absentee ballot list only). Clearly print the complete mailing address(es) and specify the applicable time periods for address (add more addresses as necessary). Note: Ballots are not forwardable.

Seasonal Mailing Address City and State Zip Code Period (mm/dd/yyyy-mm/dd/yyyy)

BALLOT REQUEST OPTIONS AND VOTER AFFIRMATION

Absentee List: I request an absentee ballot to be mailed to me for **ALL elections** in which I am eligible to vote. I understand that in order to continue to receive an absentee ballot, I must complete, sign, and return a confirmation notice mailed to me by the county election office;

OR

Election Specific: I hereby request an absentee ballot for the upcoming election (check only one):

Primary General Municipal Other _____ election to be held on _____

By signing below, I understand that I am officially requesting an absentee ballot, and affirm that I will have met the 30-day Montana residency requirement before voting my absentee ballot. (Also sign affidavit at bottom of page if requesting due to illness or health emergency.)

*Signature of Elector _____
*Date Signed

Optional - Voter Information Pamphlet Request (an electronic version of this pamphlet can be found at sos.mt.gov)

Please send current Voter Information Pamphlet, if applicable to this election

Optional – Designate another person to pick up your absentee ballot

I, the elector who signed above, hereby designate _____ to pick up my absentee ballot.

Receipt of absentee ballot by designee: I received the absentee ballot for the applicant on _____.
Date ballot received

Signature of Designee _____
Date Signed

Optional - Affidavit of elector (due to illness or health emergency)

Optional: I hereby declare that I am prevented from voting at the polls due to illness or health emergency occurring between 5:00 p.m. on the Friday preceding the election and 8 p.m. on Election Day.

Signature of Elector _____
Date Signed

Submit completed form to:

Lewis & Clark County Elections
 316 N Park Ave, Rm 168
 Helena, MT 59623
 Email: elections@lccountymt.gov
 Fax: 406-457-8598